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| Key 41 | <p>Start IV N-Acetyl Cysteine immediately after Paracetamol Overdose (without waiting for the serum paracetamol level) if:</p> <ul style="list-style-type: none"> ✓ Unknown dose. ✓ Unknown time (Doubtful time) of ingestion. ✓ Staggered dose (all tablets were not taken at the same hour). ✓ Presenting > 8 hours after ingestion. ✓ Presenting Unconscious or with Liver tenderness and Jaundice. <p>If not, then → Measure the paracetamol level <u>4-hours post ingestion</u> (Not Post-admission).</p> <p>Note: Paracetamol Overdose is treated in the Medical Ward not the Psychiatric ward. Thus, sometimes → “Admit to the medical ward” is the correct answer. However, a referral to psychiatric team is usually required after finishing the medical treatment.</p> |
| Key 42 | <p>A young man was found unconscious. HR is 52, RR is 6. His pupils are constricted.</p> <p>The likely diagnosis → Heroin (Opioid) overdose. The initial step → Give Naloxone.</p> |

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| Heroin Overdose (Toxicity) | <ul style="list-style-type: none"> - Respiratory Depression (Low RR) - Low BP - Low HR - Pinpoint pupils (constricted pupil) - Constipation • Give Naloxone |
| Cocaine Overdose (Toxicity) | <ul style="list-style-type: none"> - High RR - High BP - High HR - Mydriasis (dilated pupils) - Hyperthermia and sweating - Restlessness and Agitation |

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| Key 43 | <p>What if the Serum Paracetamol level is below the treatment level?</p> <p>→ Refer the patient to the psychiatric team.</p> <p>(No Medical treatment is required. However, a referral to psychiatry is usually required to investigate and manage any psychological illnesses that have made this patient to ingest this high dose of paracetamol)</p> <p>Important Note: If the patient attends to the hospital on his own after ingesting paracetamol overdose, NO compulsory admission to the psychiatric ward is required as he regrets his act and comes seeking treatment. We only refer him to psychiatric liaison to assess his psychological wellness and decide on discharge and follow up as needed.</p> <p>NOTE:</p> |
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| | <ul style="list-style-type: none"> • Acute Alcohol consumption is an inhibitor of P-450 enzyme system → reduce the risk of paracetamol poisoning. |
| Key 44 | <p>NOTE:</p> <p>In a femur fracture, if the patient is hemodynamically stable (SBP >100) → Thomas Splint first "Before IV fluid and before ABCDE" This is to align the fracture; thus, reducing the blood loss as the femur fracture bleeds significantly). You need to know that splinting the femur → Alignment of the fracture → Reduce the blood loss.</p> <p>If not stable → ABCDEs (ATLS) first.</p> |
| Key 45 | <p>Burns and Maintaining Airways</p> <p>☑ After a major burn, if there is any evidence of airway obstruction (e.g. Stridor, Oropharyngeal swelling, evidence of inhalation injury) → Call for a senior ED and a senior Anaesthetist help immediately for urgent General Anaesthesia and Tracheal intubation (might be life-saving).</p> <p>☑ Smoke inhalation injury is a common cause of death in burn victims.</p> <ul style="list-style-type: none"> • Initial assessment may reveal no injury, but laryngeal oedema may develop suddenly and unexpectedly. Thus, early intubation is warranted if there is evidence of inhalation injury. |

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| | <ul style="list-style-type: none"> • S&S of smoke inhalation injury - Persistent cough. - Stridor. - Wheezes. - Black sputum and soot (suggesting excessive exposure to soot) - Use of accessory muscles of respiration. |
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| | <ul style="list-style-type: none"> - Blistering or oedema of the oropharynx. - Hypoxia or hypercapnia. <p>Also, if unconscious → Intubate and provide IPPV on 100% O2.</p> |
| Key 46 | <p>A patient in the ambulance after RTA deteriorates (decreased GCS and Increased RR)</p> <p>→ Give 100% O2</p> <p>Note: (<i>Needle Thoracocentesis is done only if there are clinical manifestations of Pneumothorax such as deviated trachea</i>).</p> |
| Key 47 | <ul style="list-style-type: none"> ☐ Calf swelling + Positive Homan's sign (pain on dorsiflexion) → Think of DVT (Deep Vein Thrombosis) even if there are no RFs or skin changes. ☐ Baker cyst (popliteal cyst): a swelling behind the knee, not swelling of the calf muscles, usually asymptomatic. ☐ Popliteal cyst rupture: initially presents with a swelling and discomfort behind the knee which (when ruptures) can present as calf pain and swelling. However, DVT is more common. ☐ Achilles Tendon Rupture: Hx of popping sound + pain around the ankle + diminished plantar flexion. |
| Key 48 | <p>A patient is brought to the ED after being rescued from a building on fire. He is Nauseous, Vomiting, Drowsy, Confused.</p> <p>→ The likely diagnosis → CO Poisoning.</p> <p>→ The investigation of choice → Carboxyhemoglobin levels.</p> <p>→ The initial step → 100% O2 given via Tight Fitting Mask.</p> |

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| | <p>→ If he was unconscious and SBP < 100 (Hemodynamically unstable) → Intubation and Ventilation.</p> |
| Key 49 | <p>Chest compression in infants:</p> <ul style="list-style-type: none"> • The <u>lone rescuer</u> should compress the sternum with the tips of two fingers (Index and Middle fingers of one hand). • If there are <u>two or more rescuers</u>, use the encircling technique: <ul style="list-style-type: none"> ◦ Place both thumbs not one thumb flat, side-by-side, on the lower half of the sternum, with the tips pointing towards the infant's head. ◦ Spread the rest of both hands, with the fingers together, to encircle the lower part of the infant's rib cage with the tips of the fingers supporting the infant's back. ◦ Press down on the lower sternum with your two thumbs to depress it at least one-third of the depth of the infant's chest, approximately 4 cm. <p>Chest compression in children aged over 1 year:</p> <ul style="list-style-type: none"> • Place the heel of one hand over the lower half of the sternum. • Lift the fingers to ensure that pressure is not applied over the child's ribs. • Position yourself vertically above the victim's chest and, with your arm straight, compress the sternum to depress it by at least one-third of the depth of the chest, approximately 5 cm. • In larger children, or for small rescuers, this may be achieved most easily by using both hands with the fingers interlocked. <p>Remember CPR Ratio:</p> <p>☑ In adults → 30:2</p> |

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| | <p>☑ In Paediatrics:</p> <p>✓ Layman → 30:2</p> <p>✓ Professional → 15:2</p> <p>N.B. Layman = a person without professional or specialized knowledge in a particular subject.</p> |
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| Key 50 | <p>Unconscious patient after a prolonged generalised tonic clonic seizure (> 30 minutes)</p> <p>→ Initial step → Secure Airways (ABC) "Even if the patient has IV access" we need to secure airway first before giving IV Lorazepam.</p> <p>N.B. A prolonged and ongoing seizure for > 30 minutes can lead to Cerebral Damage!</p> |
| Key 51 | <p>A child was brought to the ED cyanosed, Coughing and with Rash after eating a cookie.</p> <p>→ Allergic reaction (Anaphylaxis)</p> <p>Common identified causes of anaphylaxis:</p> <ul style="list-style-type: none"> • Food (e.g. nuts) - the most common cause in children • Drugs • Venom (e.g. wasp sting) <p>☐ Symptoms of anaphylaxis usually involve more than one part of the body such as the skin, mouth, eyes, lungs, heart, gut, and brain. Some symptoms include:</p> <ul style="list-style-type: none"> • Skin rashes and itching and hives (Urticarial Rash). • Swelling of the lips, tongue or throat. |

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| | <ul style="list-style-type: none"> • Shortness of breath, trouble breathing, wheezing (whistling sound during breathing), cough, cyanosis. • Dizziness and/or fainting. • Stomach pain, vomiting or diarrhea. <table border="1"> <thead> <tr> <th>Age</th><th>IM Adrenaline (Epinephrine)</th></tr> </thead> <tbody> <tr> <td>< 6 months</td><td>150 micrograms (0.15ml 1 in 1,000)</td></tr> <tr> <td>6 months - 6 years</td><td>150 micrograms (0.15ml 1 in 1,000)</td></tr> <tr> <td>6-12 years</td><td>300 micrograms (0.3ml 1 in 1,000)</td></tr> <tr> <td>Adult and child > 12 years</td><td>500 micrograms (0.5ml 1 in 1,000)</td></tr> </tbody> </table> | Age | IM Adrenaline (Epinephrine) | < 6 months | 150 micrograms (0.15ml 1 in 1,000) | 6 months - 6 years | 150 micrograms (0.15ml 1 in 1,000) | 6-12 years | 300 micrograms (0.3ml 1 in 1,000) | Adult and child > 12 years | 500 micrograms (0.5ml 1 in 1,000) |
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| Key 52 | <p>Trauma to Spleen</p> <p>☐ After RTA, Perform → FAST (Focused Abdominal Sonography (U/S) for Trauma (the Ix of choice) or CT Scan.</p> | | | | | | | | | | |

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| Key 52 | Trauma to Spleen <p> ☑ After RTA, Perform → FAST (Focused Abdominal Sonography (U/S) for Trauma (the Ix of choice) or CT Scan. → Found <u>subcapsular splenic hematoma</u> → </p> <p> ♠ The patient is hemodynamically stable → Observation (by Surgical team). ♠ The patient is hemodynamically unstable ± Free peritoneal fluids → Emergency Laparotomy. </p> <p><i>Do not rush into Surgery!</i></p> |
| Key 53 | Urticaria (Allergic Reaction): (e.g. food, insect bites, drugs: Penicillin) <p> ☑ Oral antihistamines. ☑ IM Adrenaline (only if anaphylactic shock): SOB, stridor, hoarseness, wheezes, shock, swelling of tongue, face, cheek. </p> <p>Example:</p> |

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| | <p>A child who has been bitten by bees presents with urticarial rash (numerous wheals) that are severely itchy.</p> <p>→ Give Oral Antihistamine.</p> <p>This is an allergic reaction. We do not give IM adrenaline unless anaphylactic shock is suspected by either of the following: SOB ■ Stridor ■ Hoarseness ■ Wheezes ■ Shock ■ Swelling of tongue, face, cheek</p> | | | | | | | | | | | | | | |
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| Key 55 | <p>Side effects of Benzodiazepines (e.g. Lorazepam)</p> <ul style="list-style-type: none">• Respiratory Distress (Apnea): Life-threatening. [Low RR]• Hypotension [low BP] | | | | | | | | | | | | | | |

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